

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 232

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 55

PLACE OF DEATH
AND
USUAL RESIDENCE

1. PLACE OF DEATH A. COUNTY <u>Graham</u>		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION). A. STATE <u>Ariz</u> B. COUNTY <u>Graham</u>	
B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) <u>Safford</u>		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) <u>Safford</u>	
D. FULL NAME OF HOSPITAL OR INSTITUTION <u>Safford Inn Hosp</u>		E. STREET ADDRESS (IF RURAL, GIVE LOCATION) <u>625 - Central Ave</u>	

DECEDENT
PERSONAL
DATA

3. NAME OF DECEASED (TYPE OR PRINT) <u>Boydland Casey Mullenaux</u>		4. SEX <u>M</u>	5. COLOR OR RACE <u>W</u>
6. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	7. DATE OF BIRTH <u>7 24 1951</u>	8. AGE <u>7</u> YEARS <u>0</u> MONTHS <u>0</u> DAYS	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED).
9B. KIND OF BUSINESS OR INDUSTRY <u>None</u>	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Safford, Ariz</u>	11. CITIZEN OF WHAT COUNTRY <u>U.S</u>	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <u>No</u>
13A. FATHER'S NAME <u>Harold Gerald Mullenaux Ariz</u>		13B. BIRTHPLACE (STATE OR COUNTRY) <u>Ariz</u>	
14. INFORMANT'S SIGNATURE <u>Derald Mullenaux Thatcher</u>		15. MOTHER'S MAIDEN NAME <u>Melva Casey</u>	
16. ADDRESS <u>Safford, Ariz</u>		17. DATE OF DEATH (MONTH) (DAY) (YEAR) <u>July - 24 - 1951</u>	

CAUSE
OF
DEATH
(ITEM 18)

18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c). *THIS DOES NOT MEAN THE MODE OF DYING. SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTIONS.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) <u>Be the Trauma* Asphyxiation</u>		
	ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (b) STATING THE UNDERLYING CAUSE LAST. DUE TO (c) <u>injury to large for bullet</u>		
II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.			

OPERATIONS,
AUTOPSY

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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DEATH
DUE TO
EXTERNAL
VIOLENCE

21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)	21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)	21C. (CITY OR TOWN) (COUNTY) (STATE)
21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

MEDICAL
CORONER'S
CERTIFICATION

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>July 24, 1951</u> TO <u>July 24, 1951</u> THAT I LAST SAW THE DECEASED ALIVE ON <u>July 24, 1951</u> AND THAT DEATH OCCURRED <u>12:55</u> M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.		
23A. SIGNATURE <u>E. Nelson M.D.</u>	23B. ADDRESS <u>Safford, Ariz</u>	23C. DATE SIGNED <u>7/24/51</u>

FUNERAL
DIRECTOR
AND
REGISTRAR

24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	24B. DATE <u>July 24 - 51</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Thatcher Cemetery</u>	24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Thatcher Ariz</u>
25A. DATE REC'D BY LOCAL REG. <u>July 27, 1951</u>	25B. REGISTRAR'S SIGNATURE <u>J. M. Stegert</u>	26. FUNERAL DIRECTOR'S SIGNATURE <u>W. C. Rawson</u>	ADDRESS <u>Safford</u>
27. EMBALMER'S SIGNATURE <u>W. C. Rawson</u>		CERT. NO. <u>116</u>	